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Office of Health Care Access
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Testimony on House Bill 5038, An Act Implementing the Recommendations of the Hospital Task Force

Good Morning Senator Handley, Representative Sayers and distinguished members of the Public Health Committee. I am Cristine Vogel, Commissioner of the Office of Health Care Access (OHCA). I thank you for the opportunity to testify on House Bill 5038, An Act Implementing the Recommendations of the Hospital Task Force.

I had the pleasure of co-chairing the Hospital Task Force this past fall and the health care participants did an amazing job tackling many of the difficult topics. The Task Force organized itself into three subcommittees to address three of the major issues facing hospitals: Financial Structure, Utilization and Planning, and Workforce. Through this process several themes emerged that are discussed in the report that is attached to my testimony. This bill seeks to implement some of those recommendations with the focus on behavioral health care access and state-wide planning.

Behavioral Health Care Access

Hospital emergency departments (ED) are typically the only or the last alternative for patients with behavioral health or substance abuse needs. In Connecticut there seems to be inadequate access to inpatient, residential, skilled nursing, specialized housing and other intermediate and "step-down" levels of care to meet the growing needs of this population.

In an effort to address this issue, Section 2 of the bill requires the Departments of Mental Health and Addiction Services (DMHAS), Children and Families (DCF) and Social Services (DSS) to identify areas of the state where there is high utilization of EDs for behavioral health services and to develop recommendations regarding the combination of services that would effectively reduce ED demand. In addition, because some areas of the state have greater need for community mental health services than others, the departments are also required to assess the existing capacity of community mental health services and the volume of usage in order to identify gaps in services and make appropriate adjustments to provide more uniform coverage across the state.

This bill requires DMHAS, DCF and DSS, in consultation with OHCA, to identify models of care for psychiatric emergency assessment or crisis response centers and then implement a pilot program based on those models. One such model that recently opened in October and which is already showing some success is the Child and Adolescent Rapid Emergency Stabilization Program, known as CARES. The CARES program is a collaborative effort between the Institute of Living (IOL) and the Connecticut Children's Medical Center (CCMC), the primary purpose of which is to provide an alternative level of care to children who are in a psychiatric crisis and who can be rapidly stabilized. Each child that presents to CCMC's ED for mental health problems will be triaged to determine the level of treatment necessary. If the child can be placed in a psychiatric bed or discharged within six hours, the child will receive care in the ED. Those that cannot be discharged within 6 hours and that require ongoing assessment and stabilization are transferred to the CARES unit located at the IOL until they can be transferred to the appropriate program. Early data shows that the CARES program has already substantially decreased wait times and improved management and continuity of care

Another problem facing our EDs and identified by the Task Force was that of inmates recently released from prison. This at-risk population often utilizes hospital EDs as the only source of health care available, due in part to the fact that members of this population often have complex medical, mental health, and substance abuse problems and are often uninsured. Section 4 of the bill addresses this issue by requiring DSS, in consultation with DMHAS, the Judicial Department, and the University of Connecticut Health Center to develop a plan for expedited eligibility for this population to access the State Administered General Assistance program. The plan must also identify gaps in services specific to this population and develop programs to ensure that these individuals receive appropriate health care services in the community, rather than in hospital emergency departments.

In response to the Task Force the Governor is proposing additional funding for OHCA to conduct a comprehensive study of hospital and Federally Qualified Health Center (FQHC) reimbursement systems. A study of this nature will review the current methodology of reimbursement and methodologies used by other states and allow our state government to have the information necessary to make important decisions moving forward with Medicaid reimbursement.

Statewide Planning

The Task Force identified state health planning as an important and worthwhile process. As related to this issue, OHCA's role centers on facilities planning and the Certificate of Need process. In an effort to improve state planning, Section 7 refines and more accurately defines the type of utilization study that OHCA must conduct and report on annually. Utilization studies of this nature should serve as the foundation for forecasting future needs based on current utilization, the

impact of new medical technologies or procedures, and identified areas of unmet need.

Currently, OHCA has the ability to report:

- Inpatient hospitalizations by services, days, discharges, Average Daily Census, payer mix, charges; by hospital, region and state.
- Emergency department utilization by diagnosis, discharges, admissions, payer; by hospital, region and state.
- Demographics of patients by hospital region and state.

This data, although very useful, is limited to the use of hospitals and does not reflect the health care system entirely. Recognizing this limitation, OHCA has begun to explore expanding our data collection into the following areas:

- Outpatient "primary care" data
- Outpatient surgical care data
- Inpatient psychiatric care data from the freestanding facilities

This type of data will give the state a more complete picture of where Connecticut residents are accessing health care, the different types of services that they are accessing and will assist in the identification of gaps within the infrastructure of our system of care. To that end, the Governor is recommending some additional funding for OHCA to measure current capacity of primary care services to identify geographic locations or segments of the population that require additional access as proposed by the Task Force.

Section 7 also requires OHCA to establish and maintain a state-wide health care facilities plan. There was substantial support among Task Force members to develop such a plan, and many states currently operate under facilities plans. As with the Utilization Study, this is not a new language but rather a proposal to update the existing language to more accurately reflect the current health care environment and issues of access. The state-wide facilities plan will incorporate the current utilization and demand for services identified in the Utilization Study and make recommendations for the expansion, reduction or modification of health care services. Some states have adopted facilities plans that provide principles, criteria, standards and methodologies that serve as the basis for Certificate of Need decision-making. In support of this effort, the Governor proposes an additional FTE and some funding for OHCA, to enhance the agency's ability to develop such a plan.

In summary, this bill applies the planning process to better collect and use data to measure, evaluate and respond to changing and unmet health care needs of Connecticut residents.

I thank you for your time and welcome any questions you may have.